

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037074

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 181

STATE FILE NUMBER

FILED SEP 19 1963

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) Hayti		c. CITY OR TOWN Caruthersville	
Length of stay in 1b 10 days		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Pemiscot Memorial Hospital		d. STREET ADDRESS (If outside, give location) East 20th st.	
3. NAME OF DECEASED (Type or print) Charles Owen Thompson		4. DATE OF DEATH Sept. 10, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 9, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Auto	11. BIRTHPLACE (City and state or country) Caruthersville Mo. U.S.A.
13a. FATHER'S NAME Charles Clinton Thompson		13b. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Mrs. Jerry Kinsberry, Caruthersville	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic failure (Cirrhosis) DUE TO (b) Hepatic DUE TO (c) Cirrhosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I: Coronary Artery Disease		INTERVAL BETWEEN ONSET AND DEATH 3 days OK OK	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT. SUICIDE. HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour - Month, Day, Year a.m. - p.m. -		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Caruthersville	
20g. COUNTY Missouri		20h. STATE Missouri	
21. I attended the deceased from _____, to _____ and last saw her alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dean		22b. ADDRESS Caruthersville	
22c. DATE SIGNED 9/13/63		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 13, 1963	
23c. NAME OF CEMETERY OR CREMATORY Maple		23d. LOCATION (City, town, or county) Caruthersville, Missouri	
24. FUNERAL DIRECTOR Noel C. Dean Caruthersville, Mo.		25. DATE RECD. BY LOCAL REG. 9-14-63	
26. REGISTRAR'S SIGNATURE Charlotte E. Sloan		27. (State)	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0781

2 0785

3 2

4 0

5 2

6

7 0

8 2

9 581.0

10

11

12 1-0

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

NOV 15 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Noel C. Dean

Licensed Embalmer No.

3941

P. O. Address

Cauterworth
Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.